



Pennsylvania State Police Verification Form Instructions

Blocks #1 through #5 are mandatory.

Block #1 - NAME – Full Name

Block #2 – ADDRESS – Address and Contact Information

Block #3 - REMARKS – Please provide a brief description of the events leading up to your initial contact with State Police personnel. In describing the incident, thoroughly detail the events surrounding your complaint, including the date, day of week and time of day. Also list the names, addresses and telephone numbers of anyone who was present when the incident occurred. If your complaint includes verbal abuse or rudeness, include the specific term, phrase or language you found offensive.

If an arrest action has taken place by the State Police, personnel complaints filed with this office will have no impact upon such cases. Issues regarding the validity of an arrest must be adjudicated before the appropriate judicial authority. In accordance with due process, you are entitled to request a hearing/appeal and present those issues before the judiciary identified on the citation/summons.

Block #4 – SIGNATURE – An original signature must be placed on the Complaint Verification Form.

Block #5 – DATE – Date form was signed.

Questions regarding the completion of the Complaint Verification Form or the status of your complaint may be directed to the Bureau of Integrity and Professional Standards at (717) 657-4200 or via mail at:

Pennsylvania State Police
Bureau of Integrity and Professional Standards
Internal Affairs Division
7820 Allentown Boulevard, 2nd Floor
Harrisburg, Pennsylvania 17112.

**PENNSYLVANIA STATE POLICE
COMPLAINT VERIFICATION**

IAD CONTROL NO.

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COMPLAINANT INFORMATION

1. NAME	FIRST	M.I.	LAST	
2. HOME ADDRESS	STREET/P.O. BOX			
	CITY		STATE	ZIP
	PRIMARY TELEPHONE NO.	WORK TELEPHONE NO.	E-MAIL	
3. REMARKS	PROVIDE A DETAILED NARRATIVE OF THE INCIDENT. IF THE COMPLAINT INVOLVES VERBAL ABUSE OR RUDENESS, STATE THE SPECIFIC TERM, PHRASE, OR LANGUAGE CONSIDERED TO BE OFFENSIVE. IF THE COMPLAINT CONCERNS DISSATISFACTION WITH AN INVESTIGATION OR OTHER POLICE SERVICE, EXPLAIN WHAT ACTION OR OMISSION WAS UNACCEPTABLE. IF ADDITIONAL SPACE IS NEEDED, USE THE REVERSE SIDE.			

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I AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, OR BELIEF.

4. SIGNATURE	5. DATE
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